**Signature Page**

**Division of Health and Division of Supportive Living**

**Memorandum of Agreement (MOU)**

This signature page applies to the MOU or intra-agency agreement between the Division of Health's Bureau of Health Care Financing and the Division of Supportive Living's Bureau of Quality Assurance including any addendum to this MOU.

Gerald A. Born, Administrator
Division of Supportive Living

9-24-97
Date Signed

John Chapin, Interim Administrator
Division of Health

9-24-97
Date Signed

Effective Date: July 1, 1997

*This agreement is effective until terminated by either party with a thirty day advance written notice. This agreement shall be revised upon the mutual concurrence of both parties.*

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INTER-AGENCY AGREEMENT
BETWEEN
THE DIVISION OF HEALTH, THE DIVISION OF COMMUNITY SERVICES
AND THE DIVISION OF CARE AND TREATMENT FACILITIES

I. PURPOSE

This agreement is entered into between the State Medicaid Administration Agency, the State Mental Health Agency, and the Agency which operates the State Mental Health Facilities, for the purpose of implementing section 1902(a)(20)(A) of the State ~~Organization and General Administration~~ Act for states offering Medicaid services in institutions for mental diseases to Medicaid recipients aged 65 or older.

This cooperative agreement provides a working arrangement between the Division of Health (DOH), the Division of Community Services (DCS), and the Division of Care & Treatment Facilities (DCTF), and establishes individual responsibilities for: joint planning; development of alternative methods of care; readmission to an institution by a recipient who is in alternative care; access to the institution, recipient and the recipient's records; recording, exchanging and reporting medical information about recipients and other procedures needed to carry out the agreement.

II. RESPONSIBILITIES OF THE PARTIES TO THIS AGREEMENT

A. Division Of Health (DOH)

1. Community Options Program (COP) And Administrative Order 1.67

The DOH, Bureau of Quality Compliance, will conduct at least annual level of care reviews for all Medicaid recipients residing in nursing homes, centers for the developmentally disabled, institutions for mental diseases and Title XIX certified community based residental facilities. If the Bureau of Quality Compliance finds a recipient no longer requires institutional placement, a referral will be sent to the designated local service coordinator, via Administrative Order 1.67 for assessment and planning of an alternate placement.

In addition, the Bureau of Quality Compliance will notify the Bureau of Health Care Financing of an inappropriate placement and Title XIX will cease for institutional coverage within the times specified in Administrative Order 1.67 unless an appeal is filed, or an extension is requested and approved by the DOH.

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The DOH, Bureau of Health Care Financing, will verify eligibility and retroactive eligibility for those recipients designated by DCS to be appropriate to participate in COP and will fund pre-admission assessments at an agreed-upon reimbursement rate.

Reimbursement by the DOH to the DCS for COP assessments will be based upon the provision of timely and accurate information by DCS to DOH regarding recipient identification, and eligibility.

2. Mental Health

The DOH, Bureau of Health Care Financing, will establish for mental health service providers:

a. Medicaid provider certification criteria;
b. reimbursement mechanisms;
c. payment levels;
d. third party collection procedures;
e. service limitations; and
f. non-covered services.

In addition, DOH, the Bureau of Health Care Financing, via the Medicaid fiscal agent will provide cost utilization reports to county 51.42 boards.

The DOH will share information with DCS and DCTF subject to statutory limitations including client confidentiality and access to medical records. Such information includes, but is not limited to, recipient medical information, records, reports, certified provider lists (which include verification of licensure), as well as lists of decertified providers and those against which criminal charges have been filed.

The DOH, Bureau of Health Care Financing will maintain written agreements in the form of individual provider contracts with institutions for mental diseases which are not under the jurisdiction of state authorities but provide mental health services to recipients aged 65 or older who are covered by Title XIX.

The DOH, Bureau of Health Care Financing, will provide reimbursement for the provision of mental health services to Medicaid recipients aged 65 or older residing in institutions for mental diseases. The DOH, Bureau of Health Care Financing, will provide reimbursement for case assessments offered to recipients who are at risk of institutionalization due to age and frail health, developmental or physical disability, or a combination of these characteristics, who may be appropriate for placement in alternative, non-institutional care settings. Such reimbursement shall be subject to federal/state Medicaid requirements (including eligibility and coverage stipulations), limitations and any applicable waivers.

The DOH and its Bureaus will enter into other memoranda of understanding, agreements and joint memoranda with the parties of this Memorandum Of Understanding whenever greater specificity about policies, procedures, reimbursement rates, etc. is required.

Appropriate DOH staff will be provided to the parties of this agreement to insure joint planning and overall coordination regarding mental health issues are achieved.

B. Division Of Community Services

1. Community Options Program (COP)

The DCS, Office of Program Inititatives, will develop, coordinate and implement the Community Options Program (COP), and will provide preadmission assessments of Medicaid recipients of all ages.

The DCS will collect data from the counties on potential Medicaid eligible persons and will review for adequacy of information, including Medicaid certification. In addition, the DCS will send incomplete reports to the DOH, Bureau of Health Care Financing, management records and reports that include the following information on all assessed recipients for whom Medicaid payment is requested.

a. name, age, sex, county of residence;
b. Medicaid I.D. number;
c. preliminary assessment outcome (feasibility of community service alternatives); and
d. type of usual residence of the person.

Reports will be provided every 6 months.

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Medicaid reimbursement to the DCS by the BHCF for COP assessments will be dependent upon accurate and timely delivery to the DOH of the above-named information. The DCS will name a staff person responsible for the collection and delivery of such information to the DOH and will coordinate between the DOH and the DCTF so that admission or readmission to an institution will occur should it be needed by a Medicaid recipient who is placed in alternative care.

Appropriate DCS staff will be provided to the parties of this agreement to insure joint planning and overall coordination regarding COP issues are achieved.

Access to client records will be provided by DCS to DOH and DCTF so that each Division may discharge respective responsibilities under this memorandum. These records will be available within the limitations of patient confidentiality.

2. Mental Health

The DCS will establish guidelines for the provision of mental health services by community mental health agencies (51.42 Boards) and other local agencies throughout the State. Guidelines include criteria for scope, delivery, efficiency and quality of non-institutional mental health services.

The DCS, Office of Mental Health, will provide consultants and technical assistance to its regional offices and to the 51.42 Board to insure compliance with program objectives and Title XIX regulations.

The DCS, Office of Mental Health, will designate a lead consultant to work with other DCS staff and with DOH and DCTF regarding mental health issues.

The DCS will review, certify and decertify day treatment programs and mental health facilities according to criteria established in HSS 61.91 and 61.50-61.68.

The DCS will provide to the DOH accurate up-to-date lists of mental health programs and facilities which meet DCS certification requirements and those which do not meet such requirements and are in danger of decertification.

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The DCS will review the uniform fee application of county 51.42 Boards and will approve psychotherapy reimbursement rates based upon established criteria.

The DCS will maintain key policy, advocacy and program administration functions for the provision of mental health services to Wisconsin citizens, and will focus on specific needy populations.

C. Division Of Care And Treatment Facilities - (DCTF)

The DCTF is responsible for insuring that all Wisconsin citizens residing in State owned and operated facilities receive appropriate care and treatment.

The DCTF, which includes the Mendota Mental Health Institutes the Winnebago Mental Health INstiutue, the Wisconsin Resource Center, the Southern Wisconsin Center For The Developmentally Disabled, the Central Wisconsin Center for the Developmentally Disabled, and the Northern Wisconsin Center for the Developmentally Disabled will insure development and implementation of the following:

a. effective programming;
b. cost effective personnel and fiscal planning;
c. development of mental health programs;
d. development of developmentally disabled and AODA programs; and
e. development of forensic and child care standards.

In addition, the DCTF will maintain a client rights/advocacy office to which any institutionalized person in the state has access.

The DCTF will maintain close and explicit communication with DCS staff to insure a continuum of mental health care is available to Wisconsin citizens including Medicaid recipients.

Appropriate DCTF staff will be provided to COP to provide assistance should readmission to an institution be needed by a Medicaid recipient placed in an alternative care setting. Such readmission need not be to a facility operated by DCTF.

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Access to client records will be provided by DCTF to DOH and DCS so that their respective responsibilities can be carried out. These records will be available within the limitations of patient confidentiality.

III. TERMS

The terms of this agreement are extended indefinitely, subject to a 90-day termination of agreement notice by any party. Any modifications to this agreement must be approved by all parties and will become effective upon approval.

Kenneth Rentmeester, Administrator
Division of Health — Date: 4.6.83

Gerald Berge, Administrator
Division of Community Services — Date: 4.15-83

Burton Wagner, Administrator
Division of Care & Treatment Facilities — Date: 4/18/83

Apr: 4-1-83

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

**MEMORANDUM OF UNDERSTANDING**
Between the Department of Health and Family Services
and the Department of Workforce Development

*Regarding **Medical Assistance Eligibility** Functions*

This Memorandum of Understanding (MOU) exists between the Department of Health and Family Services (DHFS) and the Department of Workforce Development (DWD) and is effective from the date of signing through June 30, 1998. This agreement will automatically remain in effect on a month-by-month basis beyond June 30, 1998, unless it is expressly ended by either Department Secretary. This memorandum can be amended only if both Department Secretaries agree to a revision.

The purpose of this memorandum is to coordinate the Medical Assistance (Medicaid) program and Wisconsin Works (W-2) eligibility policies with those activities required to implement the Medicaid and W-2 programs.

The Division of Economic Support (DES) in the DWD and the Division of Health (DOH) in DHFS will meet regularly to identify, discuss, and resolve Medicaid and W-2 policy and program issues. Issues that are not resolved to the satisfaction of DES or DOH at the staff level will be referred to the administrators of DES and DOH for resolution. Issues that are not resolved to the satisfaction of the administrators of DES and DOH will be referred to the secretaries of DWD and DHFS for resolution. Responses requested by either division will be provided, to the extent possible, on the time line of the requesting division. A non-response is the same as agreement, as long as receipt is acknowledged.

DHFS and DWD agree to be mutually supportive when either Department pursues additional resources as may be necessary to ensure timely and adequate implementation of Medicaid and economic support policy and procedural modifications.

DHFS is the governmental organization that is solely responsible for the determination and approval of Medicaid program eligibility policy. The DHFS' DOH is responsible for all aspects of Medicaid eligibility and benefits as defined by this MOU. To fulfill its responsibilities, DOH will:

1. Identify and seek appropriate federal waivers to implement Medicaid eligibility changes. DOH will consult with and receive written response from DES within a reasonable time period established by DOH prior to submitting the waiver request to the federal Health Care Financing Administration (HCFA).

2. Amend the Medicaid State Plan as it relates to Medicaid eligibility policy, in consultation with DES as necessary, to fulfill the requirements of S.1902(a) of the Social Security Act. These responsibilities include, but are not limited to, the following tasks:

   a. Draft Medicaid State Plan amendments as they relate to changes in Medicaid eligibility policy.

   b. Brief necessary staff within and outside of DHFS.

   c. Prepare, obtain necessary sign-offs, and submit State Plan amendments to HCFA.

   d. Answer HCFA written and verbal questions in consultation with DHFS policy analysts and managers.

3. Promulgate Medicaid administrative rules for Medicaid eligibility policy changes.

4. Draft, review, and approve all Medicaid eligibility policy changes in consultation with DES, as follows:

   a. Complete all necessary policy analysis as it pertains to Medicaid eligibility policy in relation to federal law and regulation changes, HCFA policy declarations, state law changes, DHFS and DWD initiated policy changes, policy clarification and interpretation, court case and fair hearing decisions. This includes maintaining a liaison with HCFA to obtain federal interpretation of Medicaid law and regulation.

   b. Consult with DES staff managing the W-2, food stamps, and/or child care programs, to determine the effect (if any) of Medicaid policy or process changes on other programs, or to determine the effect of changes in these other programs on Medicaid. Require written concurrence or an exception document from DES prior to finalization of the policy implementation plan.

   c. Develop implementation plans, which will be shared with DES to keep them advised of Medicaid eligibility projects in the planning stages, as well as to facilitate implementation and coordination of Medicaid projects with other W-2, food stamps and child care policy and procedural changes.

   d. In coordination with DES, respond to Medicaid eligibility questions posed by DWD staff, recipients, trainers and training sessions, legislators, DHFS staff, and the general public. Questions which overlap with other economic support programs will be answered in consultation with designated DES contacts.

5. Assume responsibility for all legal proceedings associated with or resulting from Medicaid eligibility decisions or actions taken by DHFS.

6. In consultation with DWD, provide for the exchange of data, as necessary, for the administration, evaluation and analysis of Medicaid.

7. Develop, propose, or implement cost allocation formulas or interagency transfers, as needed, to support administrative costs, subject to the prior review and concurrence of DWD.

8. In consultation with DWD and working with the Client Assistance for Re-employment and Economic Support (CARES) system maintenance contractor, maintain and modify those portions of the CARES system that relate to the determination of Medicaid eligibility, notification of approval and termination of Medicaid eligibility to recipients/applicants and the transmission to and from the Medicaid Management Information System (MMIS) fiscal agent. DOH will:

   a. Lead and coordinate Medicaid eligibility policy and procedural changes in the CARES system. Working with Deloitte and Touche and DWD staff, provide a prioritized list of systems work related to Medicaid eligibility. Based upon available state and contractor resources, this work will be scheduled for implementation during a weekly meeting with all interested parties.

   b. Develop business requirements and process parameters necessary to implement policy or procedural changes. This may involve research into how CARES is currently functioning.

   c. Produce business requirements document (service request or Production Problem Report or change order).

   d. Review business requirements with management team to determine how important this change is within scope of customer area.

   e. Review business requirements with contract staff to determine, based upon available contractor resources and priority, when the change can be implemented.

   f. Answer questions posed by contractor during design, coding, systems test and regression test phases of CARES implementation.

   g. Complete User Acceptance Test (UAT) and authorize release of change to production system.

   h. Work with DES communications staff to draft Operations Memos, DXBMs (CARES flash messages), and CARES Guide instructions for local agency staff.

   i. Work with DES training staff to develop Medicaid eligibility policy and MMIS training materials for local agency staff.